MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10972

10973 # CERTIFICATE OF DEATH Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pocomoke #2; LENGTH OF STAY (in this place) 28 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester; CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke #2; STREET ADDRESS (if rural give location) 610 Second St.

3. NAME OF DECEASED: (First) ADDIE (Middle) FRANCES (Last) BENSON

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Aug. 11, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Holland

14. MOTHER'S MAIDEN NAME: Roberta Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Hargis Merrill, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary insufficiency — Sev. years

DUE TO (C) Coronary arteriosclerosis Severe " "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hepatic dysfunction prob. due to acute [illegible] Death, Congestive heart failure — Approx. 1 year

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1938, to 17 Nov., 1954, that I last saw the deceased alive on 17 Nov., 1954, and that death occurred at 7:20 A M, from the causes and on the date stated above.

SIGNATURE N. E. Sartorius, Jr. M. D. ADDRESS 114 Market St. Pocomoke, Md. DATE SIGNED 18 Nov. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-19-54 | NAME OF CEMETERY OR CREMATORY Pitts Creek Baptist | LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1954 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Dennis & Watson, Pocomoke, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10973

10976 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) R.F.D. Chanytown

3. NAME OF DECEASED: (Type or Print) (First) BURGAN (Middle) NELSON (Last) BRITTINGHAM

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | 8. DATE OF BIRTH: OCT. 10, 1887 | 9. AGE last birthday 67 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIGHT TENDER | 10B. KIND OF BUSINESS OR INDUSTRY: COAST GUARD | 11. BIRTHPLACE (State or foreign country): BERLIN, MD (R.F.D.) | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS FLEAK WATER JOHN T. H. BRITTINGHAM | 14. MOTHER'S MAIDEN NAME: SALLY TRUITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WAR 2 (Coast Guard) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr. John Brittingham Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Chr. Myocarditis — 7 days

ANTECEDENT CAUSE (B) DUE TO Cerebral Hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1954 to Nov 5, 1954 that I last saw the deceased alive on Nov. 5, 1954, and that death occurred at 11 P.M, from the causes and on the date stated above.

SIGNATURE Chas. R. Law M. D. ADDRESS Berlin DATE SIGNED Nov 6-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/8/54 | NAME OF CEMETERY OR CREMATORY TIMMONS | LOCATION (City, town, or county) (State) Berlin R.D. Md

DATE REC'D BY LOCAL REGISTRAR 11-8-54 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR Anna A. Burbage | ADDRESS Berlin Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
NOV 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10974

10977 # CERTIFICATE OF DEATH Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Brittingham

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 25-1876 | 9. AGE last birthday 78/4/25 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Retired Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Snow Hill Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Brittingham | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mr Vaughan W. Brittingham Phila-Pa 212 South 45 Street

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Epithelioma of finger with
ANTECEDENT CAUSE (B) DUE TO metastases to axilla & neck — 2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

1917

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1952 | 19B. MAJOR FINDINGS OF OPERATION Epithelioma of finger | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1952, 19..., to Nov 25, 1954 that I last saw the deceased alive on Nov 25, 1954, and that death occurred at 2.52 P. M, from the causes and on the date stated above.

SIGNATURE Paul Owen ADDRESS Snow Hill Md DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 29/54 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Pocomoke (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-1-54 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Alley E. Dennis | ADDRESS Snow Hill Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 7 1954
BUREAU V. S.

10975

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10978

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) B. (Last) Cliff

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: March 30 1878 | 9. AGE last birthday: 76-7-10 Yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor | 10B. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Charlestown, West Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel M. Cliff | 14. MOTHER'S MAIDEN NAME: Mary E. Lytle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-14-2567

17. INFORMANT & ADDRESS: M. I. Straley, Charlestown West Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 72 Hr.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — 10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1954, to Nov. 10, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE Herbert LaMar M.D. ADDRESS Snow Hill DATE SIGNED 11/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 13/54 | NAME OF CEMETERY OR CREMATORY Edgehill | LOCATION (City, town, or county) Charlestown West Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 11-12-54 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Clay & Timmis | ADDRESS Snow Hill, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Dr. Surety. P0976

10979 CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester Co; MARYLAND md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wholeyville md; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wholeyville X md.
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) Lee (Last) Dale Sr.
4. DATE OF DEATH: (Month) 11 (Day) 22. (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-6-1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Wholeyville md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Dale
14. MOTHER'S MAIDEN NAME: Sarah E. Tingle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 195-05-2143
17. INFORMANT & ADDRESS: Beatrice Dale - wife.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive heart failure — 24 hours.
523.0
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pulmonary fibrosis — about 18 months
DUE TO
(c) Silicosis — about 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1954, to Nov 19, 1954, that I last saw the deceased alive on Nov 19, 1954 and that death occurred at 11:50 P.M. 11/22/54 from the causes and on the date stated above.

SIGNATURE (Degree or title) Tony U. Suely, Jr., M.D. ADDRESS Berlin, Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-28-54
NAME OF CEMETERY OR CREMATORY Pusell Cem.
LOCATION (City, town, or county) (State) Whaleyville md.
DATE REC'D BY LOCAL REGISTRAR 11-23-54
REGISTRAR'S SIGNATURE Helen F. Hayward.
24. FUNERAL DIRECTOR Booker M. Leech ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10977

10980 # CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) Santee (Last) Dennis

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1954

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: May 6-1900 | 9. AGE last birthday 54/6/16 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Truck Farm | 11. BIRTHPLACE (State or foreign country) Stockton, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Horace Dennis | 14. MOTHER'S MAIDEN NAME: Nancy Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S ADDRESS: Mrs Viola Dennis Snow Hill Md Rural #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular Disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1954 to Nov. 21, 1954, that I last saw the deceased alive on Nov. 21, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. LaMar M.D. ADDRESS Snow Hill DATE SIGNED 11-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 24/54 | NAME OF CEMETERY OR CREMATORY St James | LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 54 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | FUNERAL DIRECTOR Clayton Dennis | ADDRESS Snow Hill, Md

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NOV 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10978

10981 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH.
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HURLEY (Last) DUKES

4. DATE OF DEATH: (Month) NOV. (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 16, 1900	53 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman		WHALEYVILLE MD	U.S.A.

13. FATHER'S NAME: HENRY DUKES

14. MOTHER'S MAIDEN NAME: AMANDA WEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	184-22-4305	MRS. JOHN H. DUKES, OCEAN CITY MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16

IMMEDIATE CAUSE (A) Carcinoma of bronchus — INTERVAL BETWEEN ONSET AND DEATH: 17 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — ....., 1953, to 5 Nov., 1954, that I last saw the deceased alive on 5 PM, 1954, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE W. J. Thomas M. D. ADDRESS Ocean City, Md DATE SIGNED 5 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/7/54	EVERGREEN	BERLIN MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-7-54	Helen F. Hayward	Elmer A. Burbage	Berlin Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10979

10982 CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) About 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Dighton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) Dighton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 11 - (Day) 10 - (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 1-6-1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Belle Haven, Accomac Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. James

14. MOTHER'S MAIDEN NAME: Mary Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ernest H. James, Belle Haven, Accomac Co. Va.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Pulmonary Edema	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Congestive Cardiac failure	3 yrs
	DUE TO (c) Rheumatic Heart disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~1952~~ Nov 10, to Nov 10, 1954, that I last saw the deceased alive on Nov 10, 1954, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE J. Lewis La Mas, MD (Degree or title) ADDRESS Snow Hill DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-14-54 NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park LOCATION (City, town, or county) (State) Salisbury, Wicomico Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11-12-54 REGISTRAR SIGNATURE Eugene E. Cooper

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St, Salisbury, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10980

10983 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Campbell town; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Campbell town; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JANET (Middle) LAWSON (Last) OAKLEY

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Mar. 12, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: John Lawson

14. MOTHER'S MAIDEN NAME: Margaret Rankin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

15. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Mrs. Russell Mc Cabe Campbell town Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 IMMEDIATE CAUSE (A) Arteriosclerosis Generalized c

ANTECEDENT CAUSE (S) DUE TO Hx

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Nephrosclerosis & Uremia DUE TO

(C) Generalized cerebral sclerosis c

INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dementia Bedsore both legs and Edema feet

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1950, to Nov 14, 1954, that I last saw the deceased alive on Nov 14 ..., 1954, and that death occurred at 2:30 A.M, from the causes and on the date stated above.

SIGNATURE Veronica Collins M. D. ADDRESS Berlin Md DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11 | 17 | 54

NAME OF CEMETERY OR CREMATORY: Baptist Cem.

LOCATION (City, town, or county) (State): Haddonfield N. J.

DATE REC'D BY LOCAL REGISTRAR: 11-17-54

REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Irma A. Burbage ADDRESS: Berlin Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10981

10974

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke
LENGTH OF STAY (in this place): 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Melbourne's Landing

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Md. — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): Melbourne's Landing

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) THOMAS (Last) PARSONS

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct 20, 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Levin Marriner

14. MOTHER'S MAIDEN NAME: Christine Bundick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Paul Tull, Parksley, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196 X

IMMEDIATE CAUSE — (A) Carcinoma of Spine & Lung → 1 year.

ANTECEDENT CAUSE (B) — DUE TO (B) bones with metastasis to Skull

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (C) and Cerebral Hemorrhage. → 1 week.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Nov. 27 1954, that I last saw the deceased alive on 11/27, 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE: Louis G. Llewellyn, M.D. — ADDRESS: Pocomoke City, Md — DATE SIGNED: 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF:** 11/29/54 — **NAME OF CEMETERY OR CREMATORY:** Baptist Cemetery — **LOCATION (City, town, or county) (State):** Pocomoke, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 29, 1954 — **REGISTRAR'S SIGNATURE:** Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Dennis & Watson, Pocomoke, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10982

10984 CERTIFICATE OF DEATH Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elihu (Middle) Price (Last) Payne

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: June 22 1879 | 9. AGE last birthday 76-4-24 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Pocomoke City Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Saunders Payne | 14. MOTHER'S MAIDEN NAME: Elizabeth Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs Lida A Payne, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — ?

ANTECEDENT CAUSE (B) DUE TO Coronary artery disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1954, to 11/16, 1954, that I last saw the deceased alive on 11/16, 1954, and that death occurred at 4:45 p M, from the causes and on the date stated above.

SIGNATURE Thomas L. Jones, M.D. M. D. | ADDRESS Snow Hill, Md. | DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 19/54 | NAME OF CEMETERY OR CREMATORY Whatcoat | LOCATION (City, town, or county) (State) Snow Hill, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1954 | REGISTRAR'S SIGNATURE Elmer E. Cooper | 24. FUNERAL DIRECTOR Clayton Timmons | ADDRESS Snow Hill Md

10983

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10985

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill; MARYLAND; LENGTH OF STAY (In this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Cordelia (Middle) M. (Last) Powell

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 7 1866

9. AGE last birthday: 88/6/28 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berlin Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jenkins Timmons

14. MOTHER'S MAIDEN NAME: Rachel A. Jayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Kathryn Evans Ocean City Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Arteriosclerotic, Hypertension — DUE TO

(C) Cardio-renal disease — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Nov. 5, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Paul Cohen M. D. ADDRESS Snow Hill Md DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Nov. 7 54; NAME OF CEMETERY OR CREMATORY Whatcoat; LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 54; REGISTRAR'S SIGNATURE Elmer E. Cooper

24. FUNERAL DIRECTOR Clay E. Timmons; ADDRESS Snow Hill Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

10984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10986

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Snow Hill; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Snow Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Aline (Middle) J. (Last) Richardson

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 7-1872

9. AGE last birthday: 82-6-29 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Middletown Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sewell E. Jones

14. MOTHER'S MAIDEN NAME: Emma E. Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Walden J. Richardson 15 Burnt Coast Mitchenville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 Hr.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardiovascular Disease — 10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Recent Fracture Left Femur — 3 wks

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 6, 1954, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE John H. La Mar M. D. ADDRESS Snow Hill DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 9 1954

NAME OF CEMETERY OR CREMATORY: Whitecoat

LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR: Nov. 11 54

REGISTRAR'S SIGNATURE: Lupe E. Cooper

FUNERAL DIRECTOR: Clay Timmons

ADDRESS: Snow Hill Md

10985

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10987

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill, Route #2
LENGTH OF STAY (in this place) 5 0 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill, Route #2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Homer (Last) Shockley

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 24, 1885

9. AGE last birthday 69-5-20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Salisbury, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cape Shockley

14. MOTHER'S MAIDEN NAME: Nora Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hattie Shockley, Snow Hill, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Cancer of Sigmoid

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 1954

19B. MAJOR FINDINGS OF OPERATION: Cancer of Sigmoid

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954 to Nov. 14, 1954, that I last saw the deceased alive on Nov 13, 1954, and that death occurred at 5.30 P M, from the causes and on the date stated above.

SIGNATURE Paul Allen M. D. ADDRESS Snow Hill Md DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 17/54 | NAME OF CEMETERY OR CREMATORY Hutto Chapel | LOCATION (City, town, or county) (State) Snow Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 11-18-54 | REGISTRAR'S SIGNATURE Clay E. Cooper

24. FUNERAL DIRECTOR Clay E. Dennis ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10986

10975 CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 1/2
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 707 Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 1/2
STREET ADDRESS (If rural give location) 707 Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MAY (Last) SMITH

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: Dec 18, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Smith

14. MOTHER'S MAIDEN NAME: Mary Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Retta Godwin, Norfolk, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis ?

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO (C) Acute Bronchitis 2 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to June 27 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE C. E. Litchfield M.D. ADDRESS Pocomoke, Md. DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/29/54 | NAME OF CEMETERY OR CREMATORY Greenbackville ME Cem. | LOCATION (City, town, or county) (State) Greenbackville, Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1954 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1954
BUREAU V. S.